

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **107088781** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
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14		1				
15			1			
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39			1			
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41			1			
42			1			
43			1			
44			1			
45			1			
46			1			
47			1			
48			1			
49			1			
50			1			
TOTAL IND.			2			
TOTAL DEP.			15			
TOTAL CLAIMS			17			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.			2			
TOTAL DEP.			15			
TOTAL CLAIMS			17			

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS